

# EFSA NDA Panel (EFSA Panel on Dietetic Products, Nutrition and Allergies), 2014. Scientific Opinion on the substantiation of a health claim related to iron and contribution to normal formation of haemoglobin and red blood cells pursuant to Article 14 of Regulation (EC) No 1924/2006

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## SCIENTIFIC OPINION

# Scientific Opinion on the substantiation of a health claim related to iron and contribution to normal formation of haemoglobin and red blood cells pursuant to Article 14 of Regulation (EC) No 1924/2006[1]

**EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA)**[2, 3]

European Food Safety Authority (EFSA), Parma, Italy

## ABSTRACT

Following an application from Specialised Nutrition Europe (formerly IDACE), submitted pursuant to Article 14 of Regulation (EC) No 1924/2006 via the Competent Authority of France, the EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA) was asked to deliver an opinion on the scientific substantiation of a health claim related to iron and contribution to normal formation of haemoglobin and red blood cells. The food constituent, iron, which is the subject of the health claim, is sufficiently characterised. Contribution to normal formation of haemoglobin and red blood cells is a beneficial physiological effect for infants and young children. A claim on iron and contribution to normal formation of haemoglobin and red blood cells in the general population has already been assessed by the Panel with a favourable outcome. The Panel considers that the role of iron in normal formation of haemoglobin and red blood cells applies to all ages, including infants and young children (from birth to three years). The Panel concludes that a cause and effect relationship has been established between dietary intake of iron and contribution to normal formation of haemoglobin and red blood cells.



## KEY WORDS

iron, infants, children, haemoglobin, red blood cells, health claims

[1] On request from the Competent Authority of France following an application by Specialised Nutrition Europe (formerly IDACE), Question No EFSA-Q-2008-147, adopted on 11 December 2013.

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[3] Acknowledgement: The Panel wishes to thank the members of the Working Group on Claims: Carlo Agostoni, Jean-Louis Bresson, Susan Fairweather-Tait, Marina Heinonen, Ambroise Martin, Hildegard Przyrembel, Yolanda Sanz, Alfonso Siani, Anders Sjödin, Sean (J.J.) Strain, Inge Tetens, Hendrik Van Loveren, Hans Verhagen and Peter Willatts for the preparatory work on this scientific opinion.

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## SUMMARY

Following an application from Specialised Nutrition Europe (formerly IDACE), submitted for authorisation of a health claim pursuant to Article 14 of Regulation (EC) No 1924/2006 via the Competent Authority of France, the EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA) was asked to deliver an opinion on the scientific substantiation of a health claim related to iron and contribution to normal formation of haemoglobin and red blood cells.

The scope of the application was proposed to fall under a health claim referring to children's development and health.

The food constituent that is the subject of the health claim is iron, which is an essential nutrient and is measurable in foods by established methods. The Panel considers that iron is sufficiently characterised.

The claimed effect proposed by the applicant is "role in the blood formation process". The target population proposed by the applicant is infants and young children from birth to three years of age. The Panel considers that contribution to normal formation of haemoglobin and red blood cells is a beneficial physiological effect for infants and young children.

A claim on iron and contribution to normal formation of haemoglobin and red blood cells in the general population has already been assessed by the Panel with a favourable outcome. The conclusion of the Panel was based on the well-established role of iron in preventing iron deficiency anaemia in humans.

The Panel considers that the role of iron in normal formation of haemoglobin and red blood cells applies to all ages, including infants and young children (from birth to three years).

The Panel concludes that a cause and effect relationship has been established between dietary intake of iron and contribution to normal formation of haemoglobin and red blood cells.

The following wording reflects the scientific evidence: "Iron contributes to normal formation of haemoglobin and red blood cells".

The Panel considers that in order to bear the claim, follow-on formulae should comply with the criteria of composition of follow-on formulae as laid down in Directive 2006/141/EC; nutritionally complete foods for special medical purposes intended for use by infants and nutritionally complete foods for special medical purposes other than those intended for use by infants should comply with the criteria of composition of these foods as laid down in Directive 1999/21/EC; processed cereal-based foods for infants and young children should comply with the criteria of composition of these foods as laid down in Directive 2006/125/EC; other foodstuffs intended for infants and young children should provide at least 15 % of the reference values for nutrition labelling for foods intended for infants and young children as laid down in Directive 2006/125/EC. Such amounts can be easily consumed as part of a balanced diet. The target population is infants and children up to three years. No Tolerable Upper Intake Level has been set for iron in this age group.

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## BACKGROUND

Regulation (EC) No 1924/2006[4] harmonises the provisions that relate to nutrition and health claims, and establishes rules governing the Community authorisation of health claims made on foods. As a rule, health claims are prohibited unless they comply with the general and specific requirements of this Regulation, are authorised in accordance with this Regulation, and are included in the lists of authorised claims provided for in Articles 13 and 14 thereof. In particular, Articles 14 to 17 of this Regulation lay down provisions for the authorisation and subsequent inclusion of reduction of disease risk claims and claims referring to children's development and health in a Community list of permitted claims.

According to Article 15 of this Regulation, an application for authorisation shall be submitted by the applicant to the national competent authority of a Member State, which will make the application and any supplementary information supplied by the applicant available to the European Food Safety Authority (EFSA).

## STEPS TAKEN BY EFSA

- The application was received on 14/02/2008.
- The scope of the application was proposed to fall under a health claim referring to children's development and health.
- On 26/03/2008, during the validation process of the application, EFSA sent a request to the applicant to provide missing information.
- On 22/08/2013, EFSA received the missing information as submitted by the applicant.
- The scientific evaluation procedure started on 04/10/2013.
- During its meeting on 11/12/2013, the NDA Panel, having evaluated the data submitted, adopted an opinion on the scientific substantiation of a health claim related to iron and contribution to normal formation of haemoglobin and red blood cells.

## TERMS OF REFERENCE

EFSA is requested to evaluate the scientific data submitted by the applicant in accordance with Article 16 of Regulation (EC) No 1924/2006. On the basis of that evaluation, EFSA will issue an opinion on the scientific substantiation of a health claim related to: iron and contribution to normal formation of haemoglobin and red blood cells.

## EFSA DISCLAIMER

The present opinion does not constitute, and cannot be construed as, an authorisation for the marketing of iron, a positive assessment of its safety, nor a decision on whether iron is, or is not, classified as a foodstuff. It should be noted that such an assessment is not foreseen in the framework of Regulation (EC) No 1924/2006.

It should also be highlighted that the scope, the proposed wording of the claim, and the conditions of use as proposed by the applicant may be subject to changes, pending the outcome of the authorisation procedure foreseen in Article 17 of Regulation (EC) No 1924/2006.

[4] Regulation (EC) No 1924/2006 of the European Parliament and of the Council of 20 December 2006 on nutrition and health claims made on foods. OJ L 404, 30.12.2006, p. 9–25.

## INFORMATION PROVIDED BY THE APPLICANT

**Applicant's name and address**: Specialised Nutrition Europe (formerly IDACE), 9-31 Avenue des Nerviens, 1040 Brussels, Belgium.

### Food/constituent as stated by the applicant

According to the applicant, the food constituent for which the claim is made is iron.

### Health relationship as claimed by the applicant

According to the applicant, iron plays an important role in the blood formation process. Iron intake increases haemoglobin and serum ferritin concentrations depending on baseline haemoglobin levels.

### Wording of the health claim as proposed by the applicant

The applicant has proposed the following wording for the health claim: "Iron is important for blood formation".

As equivalent alternative wordings, the applicant has also proposed: "iron contributes to/is involved in/is important for/plays an important role for/is necessary for/participates to/is needed for/supports the development of/the normal development of/the normal function of/the function of blood formation/blood/red blood cells/blood haematopoises/red blood cell formation/haemoglobin-formation".

### Specific conditions of use as proposed by the applicant

According to the applicant, the target population is infants and young children from birth to three years of age. The claim should be used on foods that are exclusively intended for the category of infants and young children, and in line with the composition laid down in the specific directives (Directive 2006/141/EC; Directive 2006/125/EC; Directive 1999/21/EC).

According to the applicant, the quantity needed to achieve the claimed effect is:

- For follow-on formulae, the content in iron should be within the range set in Directive 2006/141/EC.
- For dietary foods for special medical purposes, the content in iron should be within the range set in Directive 1999/21/EC.
- For processed cereal-based foods and baby foods, the content in iron should be within the range set in Directive 2006/125/EC.
- For processed cereal-based foods and baby foods, the content in iron should reach at least 15 % of the Nutrient Reference Values set in Directive 2006/125/EC, i.e. 15 % of 6 mg per 100 g or 100 ml or per serving, as reconstituted.
- For foods intended for infants and young children other than follow-on formulae, processed cereal-based foods and baby foods, the content in iron should reach at least 15 % of the Nutrient Reference Values set in Directive 2006/141/EC (replacing Directive 91/321/EC), i.e. 15 % of 8 mg per 100 ml product ready for use.

## ASSESSMENT

### 1. Characterisation of the food/constituent

The food constituent that is the subject of the health claim is iron, which is an essential nutrient and is measurable in foods by established methods.

Iron occurs naturally in foods in various forms, principally haem iron derived from haemoglobin and myoglobin in flesh foods, and non-haem iron in plant foods (IoM, 2001). Different forms of iron are authorised for addition to foods (Annex I of Regulation (EC) No 1925/2006[5], Annex I of Directive 2002/46/EC[6], Annex III of Directive 2006/141/EC[7], Annex IV of Directive 2006/125/EC[8], Directive 2001/15/EC[9]). This evaluation applies to iron naturally present in foods and those forms authorised for addition to foods (Annex II of Regulation (EC) No 1925/2006, Annex II of Directive 2002/46/EC, Annex III of Directive 2006/141/EC, Annex IV of Directive 2006/125/EC, Directive 2001/15/EC).

The Panel considers that the food constituent, iron, which is the subject of the health claim, is sufficiently characterised.

### 2. Relevance of the claimed effect to human health

The claimed effect proposed by the applicant is "role in the blood formation process". The target population proposed by the applicant is infants and young children from birth to three years of age.

The Panel considers that contribution to normal formation of haemoglobin and red blood cells is a beneficial physiological effect for infants and young children.

### 3. Scientific substantiation of the claimed effect

The applicant performed a literature search in PubMed, Science Direct and Scopus using the following search terms: "blood formation", "h*ematopoiesis", "*h*em*", "iron", "ferritin", "child*", "follow-on formula", "complementary feeding", "weaning food", "bioavailability", "iron toxicity", "iron overload". The applicant selected English and German publications from 2000 to 2009 of human intervention studies, reviews and meta-analyses in infants and children up to five years old.

The human intervention studies which were identified by the applicant as being pertinent to the health claim investigated the effect of iron supplementation or iron fortified formula/foods on plasma ferritin and haemoglobin in infants and young children (Singhal et al., 2000; Domellöf et al., 2001, 2002, 2008; Bramhagen et al., 2003; Friel et al., 2003; Lozoff et al, 2003; Nagpal et al., 2004; Wall et al., 2005; Ziegler et al., 2009). The applicant also identified two literature reviews as being pertinent to the health claim. The reviews describe randomised controlled trials investigating the effect of iron supplementation on prevention of iron deficiency and on haemoglobin concentrations in infants and young children (Iannotti et al., 2006; Gera et al., 2007). The applicant also provided *in vitro* and animal studies (Bouhallab et al., 2002; Etcheverry et al., 2004a, b; Kibangou et al., 2005; Rohner et

[5] Regulation (EC) No 1925/2006 of the European Parliament and of the Council of 20 December 2006 on the addition of vitamins and minerals and of certain other substances to foods. OJ L 404, 30.12.2006, p. 26–38.

[6] Directive 2002/46/EC of the European Parliament and of the Council of 10 June 2002 on the approximation of the laws of the Member States relating to food supplements. OJ L 183, 12.7.2002, p. 51–57.

[7] Commission Directive 2006/141/EC of 22 December 2006 on infant formulae and follow-on formulae and amending Directive 1999/21/EC Text with EEA relevance. OJ L 401, 30.12.2006, p. 1–33.

[8] Commission Directive 2006/125/EC of 5 December 2006 on processed cereal-based foods and baby foods for infants and young children. OJ L 339, 6.12.2006, p. 16–35.

[9] Commission Directive 2001/15/EC of 15 February 2001 on substances that may be added for specific nutritional purposes in foods for particular nutritional uses. OJ L 52, 22.2.2001, p. 19–25.

al., 2007), three extracts from textbooks in German and six reports/papers from scientific bodies as being pertinent to the health claim (IoM, 2001; Aggett et al., 2002; INACG, 2002; JHCI, 2003; FAO/WHO, 2004; DGE, 2008).

Iron is an essential trace element that is mainly present in erythrocytes as haemoglobin, which transports oxygen to tissues (Hunt, 2005).

The Panel has already assessed a claim on iron and contribution to normal formation of haemoglobin and red blood cells with a favourable outcome (EFSA NDA Panel, 2009). The target population was the general population.

The conclusion of the Panel was based on the well-established role of iron in preventing iron deficiency anaemia in humans (IoM, 2001; FAO/WHO, 2004).

The Panel considers that the role of iron in normal formation of haemoglobin and red blood cells applies to all ages, including infants and young children (from birth to three years).

The Panel concludes that a cause and effect relationship has been established between dietary intake of iron and contribution to normal formation of haemoglobin and red blood cells.

## 4. Panel's comments on the proposed wording

The Panel considers that the following wording reflects the scientific evidence: "Iron contributes to normal formation of haemoglobin and red blood cells".

## 5. Conditions and restrictions of use

The Panel considers that in order to bear the claim:

- follow-on formulae should comply with the criteria of composition of follow-on formulae as laid down in Directive 2006/141/EC;
- nutritionally complete foods for special medical purposes intended for use by infants and nutritionally complete foods for special medical purposes other than those intended for use by infants should comply with the criteria of composition of these foods as laid down in Directive 1999/21/EC[10];
- processed cereal-based foods for infants and young children should comply with the criteria of composition of these foods as laid down in Directive 2006/125/EC;
- other foodstuffs intended for infants and young children should provide at least 15 % of the reference values for nutrition labelling for foods intended for infants and young children as laid down in Directive 2006/141/EC.

Such amounts can be easily consumed as part of a balanced diet. The target population is infants and children up to three years. No Tolerable Upper Intake Level has been set for iron (EFSA, 2004).

[10] Commission Directive 1999/21/EC of 25 March 1999 on dietary foods for special medical purposes. OJ L 91, 7.4.1999, p. 29–36.

## CONCLUSIONS

On the basis of the data presented, the Panel concludes that:

- The food constituent, iron, which is the subject of the health claim, is sufficiently characterised.
- The claimed effect proposed by the applicant is "role in the blood formation process". The target population proposed by the applicant is infants and young children from birth to three years of age. Contribution to normal formation of haemoglobin and red blood cells is a beneficial physiological effect for infants and young children.
- A cause and effect relationship has been established between dietary intake of iron and contribution to normal formation of haemoglobin and red blood cells.
- The following wording reflects the scientific evidence: "Iron contributes to normal formation of haemoglobin and red blood cells".
- In order to bear the claim, follow-on formulae should comply with the criteria of composition of follow-on formulae as laid down in Directive 2006/141/EC; nutritionally complete foods for special medical purposes intended for use by infants and nutritionally complete foods for special medical purposes other than those intended for use by infants should comply with the criteria of composition of these foods as laid down in Directive 1999/21/EC; processed cereal-based foods for infants and young children should comply with the criteria of composition of these foods as laid down in Directive 2006/125/EC; other foodstuffs intended for infants and young children should provide at least 15 % of the reference values for nutrition labelling for foods intended for infants and young children as laid down in Directive 2006/141/EC. Such amounts can be easily consumed as part of a balanced diet. The target population is infants and children up to three years. No Tolerable Upper Intake Level has been set for iron in this age group.

## DOCUMENTATION PROVIDED TO EFSA

Health claim application on iron and contribution to normal formation of haemoglobin and red blood cells pursuant to Article 14 of Regulation (EC) No 1924/2006 (Claim serial No: 0067_FR). February 2008. Submitted by Specialised Nutrition Europe (formerly IDACE).

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